## ARKANSAS DEPARTMENT OF EDUCATION

## Middle Childhood English, grades 4-8 area #255 Additional Licensure Plan

Name:		S.S.#:
Mailing Address:		
City, State, Zip:		
Home phone: ()	Wo	rk Phone: ()
Email address:	County:	School District:
currently licensed) will use th use the ALP process to addre	e Additional Licensure Pl ss unusual emergency situ	ut of field (not in the field in which the educator is an (ALP) to meet that need. School districts may nations when licensed educators are asked to teach stricts may not exceed the six semester limit without
Eligibility Guidelines. Educ  possess a standard Arkan seek to add this area of li be assigned to teach in th	sas educator license, censure or endorsement, a	
	the Department of Educ	as by testing out or through a program of study ation website at <a href="www.arkansased.org">www.arkansased.org</a> and click of icense.
Required assessments:  □ Praxis II: Middle So Minimum score require		47
NOTE: The Praxis study con any Praxis assessment is strong	-	e from <a href="www.ets.org">www.ets.org</a> . Any educator wishing to take these study materials.
Recommended Content Bac Reading A. General Knowled B. Literature C. Informational Tex	ekground:  Ige  ats and Rhetoric	I before attempting the Praxis testing:
<ul><li>□ Language Use and V</li><li>□ Writing, Speaking an</li><li>□ English Language A</li></ul>	d Listening	

Recommended Experience Backgroun	<u>d:</u>
☐ Demonstrated ability to commun	icate understanding of literature and language studies, including
components of written and oral	communication.
Employing School District Guidelines:	
	ocument the need to assign an educator out of field.
	ntendent shall submit a waiver request and completed ALP form re within 30 days of the out-of-field teaching assignment, thus
•	tands that an educator working under this ALP shall make
1 , 0	d in the Rules Governing the Educator Licensure) each school
semesters from the first date he/she v	tands that the educator will have no more than six consecutive was employed in the out-of-area assignment by any district to meditional licensure or endorsement being sought. A waiver reque the educator is employed out of area.
School District Assurances:  I certify that the above statements are tru	e and correct to the best of my knowledge.
•	, ,
Superintendent:	Date:
<b>Educator ALP Guidelines:</b>	
	ogress (as specified in the Rules Governing Educator Licensure)
	ployed in the out-of-area assignment. If the educator EITHER
-	applete the requirements within six consecutive semesters, he/she
-	ain under an ALP for this area of licensure.
Applicant Signature:	Date: S.S.#:
RETURN COMPLETED FORM TO:	
Arkansas Department of Education	Phone: 501.682.4342
Office of Educator Licensure	Fax: 501.682.4898

Arkansas Department of Education
Office of Educator Licensure
Four State Capitol Mall, Room 106 B
Little Rock, AR 72201-1071

www.arkansased.org